

City of Weslaco

"The City on the Grow"



WATER DEPARTMENT

956-973-3117
956-973-3118
956-973-3119

SERVICE APPLICATION

REASON FOR APPLICATION: NEW ACCOUNT ACCOUNT UPDATE
TYPE OF SERVICE: RESIDENTIAL COMMERCIAL

NAME: _____ SSN/TIN _____ DOB: _____

BUSINESS NAME (IF APPLICABLE): _____

SERVICE ADDRESS: _____
STREET CITY STATE ZIP

MAILING ADDRESS: _____
STREET CITY STATE ZIP

HOME PHONE () _____ MOBILE() _____ DL # _____

EMPLOYER NAME _____ OCCUPATION _____

ADDRESS: _____ BUS # () _____
CITY STATE ZIP

PERSONAL REFERENCES

NAME	RELATIONSHIP	ADDRESS	PHONE #
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____

CONFIDENTIALITY DISCLOSURE: Section 182.052(a) of the Texas Utility Code regulates the release of selected customer information by government-operated utilities. City of Weslaco customers can submit a request to prevent the release of their personal information including, address, telephone number or social security number, as well as any information relating to the volume or units of utility usage or the amounts billed to or collected from you for utility usage. The City of Weslaco must still give out this information, if requested by any person or entity authorized by Section 182.054 of the Texas Utility Code, including federal and state agencies, other utilities, consumer reporting agencies, City Of Weslaco Contractors, other governmental agencies and persons to whom a customer has contractually waived confidentiality. By checking the box, you direct the City of Weslaco Not to release your address, telephone number or social security number to entities not excluded by law.

I request that my personal information not be released.

I the undersigned hereby declare that I have read the foregoing application that all statements made therein are complete and true to the best of my knowledge. I authorize the City of Weslaco to verify the information contained herein and to make such additional normal inquires to be related to or associated with this application, to credit bureaus, employers and references. I also agree to pay the monthly statement that is due to the City of Weslaco for services rendered. If I fail to pay these services the City of Weslaco will add any collection costs including reasonable attorney fees to my balance.

Signature _____ Date _____